

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39651

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>4536</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN <u>Potosi Mo.</u>		c. LENGTH OF STAY (in this place) <u>22 years</u>		c. CITY OR TOWN <u>Potosi</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Carter</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>11</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10 1878</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 1 YEAR Hours <u>1</u>		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Adeline</u>		14. NAME OF HUSBAND OR WIFE <u>Mary A. Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Carter Potosi Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis both sides</u> <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>332X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/15</u> , 19 <u>48</u> , to <u>11/11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>50</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Russell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>11/11/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/11/50</u>		REGISTRAR'S SIGNATURE <u>H. H. Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>		ADDRESS <u>Potosi Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 13 1950

WASH. COUNTY HEALTH DEPT.

File No. 1150-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Murphy L. Spinks

Signed

Student Embalmer

Licensed Embalmer No. 4236

P. O. Address

Flat River, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.